Place, Strengths and Assets: A Case Study of How Local Area Coordination is Supporting Individuals and Families Under Conditions of Austerity

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Abstract

We report findings of a mixed-method evaluation of Local Area Coordination (LAC) in one English Local Authority—an approach that draws on principles of earlier intervention, and place-, asset- and strengths-based activity. We drew on documentary materials, unstructured observation and qualitative interviews. In total, fifty-five qualitative interviews were conducted with professional stakeholders (including Coordinators, statutory agencies and community organisations), and a purposive sample of individuals supported by LAC. Positively, LAC is operating as intended. It is a flexible and agile approach, and one that is less constrained by the expectations and methods associated with traditional service delivery. Reported impacts include: tackling isolation and loneliness; building a positive vision of the future; identifying non-service solutions and being heard. We discuss the ongoing conceptual and methodological challenges to building the LAC evidence base, fostering professional support and understanding, and managing expectations of individuals and communities in furthering development. Resolving these would allow LAC to move beyond being a promising, local and small-scale transformative development for individuals and families. Its future trajectory is enmeshed in the implications of COVID-19 for individuals, families and communities: rising poverty and widening inequality, a fragile Third Sector, and concerns about community fatigue and erosion of trust.

Introduction

This article discusses Local Area Coordination (LAC), an approach that emerged in Western Australia to support individuals with learning disabilities during the 1980s and 1990s and that draws on principles of earlier intervention, and place-, asset- and strengths-based activity. Offering direct family support, signposting and networking it aimed to improve access to services and promote social inclusion. A Scottish review of services available to people with learning disabilities recommended the importation of LAC and local authorities were encouraged, but not obliged, to implement the approach (Scottish Government, 2000).

Since 2010, a number of English and Welsh Local Authorities have introduced forms of LAC. Most initiatives have the support of the National LAC Network—a network and resource for the long-term development of LAC in England and Wales (Lunt *et al.*, 2020).

Local Area Coordinators support individuals to pursue their vision of a 'good life', beginning with a joint conversation to identify aspirations, and developing plans that are distilled into a shared agreement that is regularly reviewed. There is no formal referral mechanism and local residents can contact their Local Area Coordinator directly, or be 'introduced' by friends, family, neighbours, statutory services or community organisations. Local Area Coordinators seek practical, non-service solutions to issues and problems wherever possible. They aim to build supportive relationships and networks within the local area; facilitate access to and navigation of services where required; and provide relevant, and timely, information. Coordinators may draw upon existing community resources and capacity (including individuals, families, communities and services), and identify gaps in community opportunities (Broad, 2015). Coordinators are based locally, provide a number of dedicated drop-in sessions in locations across their ward and are highly visible and strongly networked within these settings. Local Area Coordinators do not provide services directly themselves however, and their role does extend beyond case management and care navigation (Lunt *et al.*, 2020).

Three levels of support are offered:

- Level 1 entails focused interactions that involve signposting and the provision of information;

- Level 2 involves a longer-term relationship. The optimal caseload for Level 2 engagements is fifty to sixty people per Local Area Coordinator; and
- community-level support is offered to existing and nascent community organisations (for example, around funding opportunities and support networks).

Coordinators, typically employed by local councils, cover an electoral ward (10,000–12,000 people) and are based within Public Health, Housing, or Adult Social Care line management structures. Support is available to all, regardless of whether an individual is known or unknown to existing services, extending beyond those with learning disabilities to include those considered 'vulnerable' due to age, frailty, disability, mental health issues and/or housing precariousness (Lunt *et al.*, 2020).

In short, the uniqueness of the approach includes separation from statutory assessment, a lack of formal referral or waiting lists, not being time-limited or involving direct provision, and avoiding fitting individuals within existing services or simply signposting (M E L Research, 2016).

At present, eleven areas in England and Wales are implementing LAC programmes in collaboration with the LAC Network.

LAC adopts a strengths-based approach, looking to utilise individuals' and communities' capacities, skills, knowledge, connections and resources (Rapp *et al.*, 2005; Pattoni, 2012). At the heart of the Coordinator role is getting to know and building positive, trusting relationships with individuals, families and communities, whilst also being aware of community resources. Coordinators seek to 'map' community resources (for example, individuals, families, communities and services), identify gaps and advance partnerships with local businesses, community, voluntary and third sector organisations. There is an emerging vocabulary associated with LAC activity ('introductions'; 'connections'; 'walking alongside'; 'good life'), reflecting the emphasis on empowerment, resilience and membership—individuals are citizens and community members and not 'clients' or 'users' (Bartnik and Chalmers, 2007; Broad, 2015).

LAC is strongly local and place-based, acknowledging that administrative boundaries limit people-centred outcomes and community building (Foot and Hopkins, 2010). The precise relationship of LAC to existing models of community social work and community practice is a moot point given that such models are rarely 'pure' (Weil, 1997) and have been criticised for being top-down and a priori (Boehm and Cnaan, 2012). Notably, LAC architects also emphasise the uniqueness and differentiation of their model. On the one hand, LACs focus on neighbourhoods, re-orientating professional relations, community solutions and empowerment echoes much earlier British community-based social policy (Mayo and Robertson, 2012). Conceptually, there are longstanding

models that develop specific, single aspects of community practice that could accommodate much LAC activity (see e.g. Rothman, 1968, 2007; Checkoway, 1995; Popple, 1996; Weil *et al.*, 2013). On the other hand, LAC proponents emphasise that its 'solid framework' (Chenoweth and Stehlik, 2002) draws upon core values and commitments to reflexive and evolving place-, strengths- and asset-based working (Broad, 2015).

LAC seeks outcomes for individuals, families and communities. In doing so, it directs Coordinators to work as enablers and supporters (rather than caseworkers or counsellors) and draws on a knowledge base that is influenced by public health and adult education (Broad, 2015; Gutiérrez and Gant, 2018). For individuals and families, it aims to improve health and well-being, developing confidence, choice and control. At the community level, it seeks stronger and better-resourced communities. At the system level, it targets prevention, building social capital, increasing the range of support and services that are available and the consolidation of partnerships and joint working between services, statutory and third-sector organisations. Such systems change would see a reconfiguration of relationships between the state, citizens, private enterprise and the third sector—with collaborations addressing causes of community problems (Taylor *et al.*, 2017).

A review of early evaluations of programmes found 'positive outcomes', albeit focusing on individuals and families, rather than communities or broader system transformation (Lunt *et al.*, 2020). Studies have found reductions in referrals and visits to General Practitioners (GPs), accident and emergency, adult care, mental health and safeguarding services. In addition, the evaluators noted that some housing evictions had been avoided as a consequence of Coordinator activity (Sitch and Biddle, 2014). Elsewhere, Coordinators perceived that their support was more likely to improve individual social well-being then reducing likelihood of in-patient admission (Darnton *et al.*, 2018). Implementation challenges include managing individual expectations for what is an unscripted and necessarily fluid role. Perceptions of intra-professional and community boundary transgression also present challenges to working relationships, and acceptance of LAC may be hampered if seen as a short-term 'pilot'.

Strengths-, asset- and place-based approaches

Strengths-, asset- and place-based approaches have gained attention within the social and community development literature, as well as within service provision and policy frameworks, with 'strengths-based' and 'asset-based' often used interchangeably (SCIE, 2015a). In Scotland, much of the public sector reform programme has incorporated principles associated with an asset-based approach (McLean *et al.*, 2017). Such

approaches have also moved centre-stage in attempts to tackle loneliness. A recent systematic review of the public health consequences of social isolation and loneliness pointed to the links between social isolation and cardiovascular disease, depression and mortality, and in doing so advocated for prevention strategies that utilise an asset-based approach (see Leigh-Hunt *et al.*, 2017; also, Mann *et al.*, 2017).

The Campaign to End Loneliness emphasises identifying and mobilising local assets (peoples' time, social connections, under used buildings and spaces), rather than focusing on problems, needs or 'deficits' as leading to solutions that involve local residents, are what they want and are more likely to be sustainable (Campaign to End Loneliness, 2020; see also JRF/JRHT, 2013).

Strengths- and asset-based approaches are also reflected within national policy settings with the 2014 Care Act viewing individuals, their families and their communities as assets (Miller and Whitehead, 2015; SCIE, 2015ab; Daly and Westwood, 2018). There is recognition that projects, services and policy that adopt such underpinnings must avoid developing social capital being misconstrued as 'cuts', and the risks of processes being top-down rather than organic and community-led (Glasby *et al.*, 2013; Miller and Whitehead, 2015; SCIE, 2015b).

A fundamental criticism is that strengths-based work downplays the structural context of inequality and disadvantage, including health disparities, life chances and access to power and resources (Gray, 2011; Fiedli, 2013). The focus on relational resources 'tipped towards mental wellbeing and coping abilities in the sense of resilience and positive adaptation' downgrades the importance of material disadvantage (Daly and Westwood, 2018, p. 1092). The emphasis on social capital, it is argued, serves to mask the neoliberal project, with individualism, behaviour change and market governance displacing government responsibility (MacLeod and Emejulu, 2014).

Asset-based approaches thus risk supporting the participation of groups and communities that are best able to contribute while at the same time reinforcing the marginalisation of others and downplaying structural considerations (Daly and Westwood, 2018). As noted by Ambition for Ageing (2018, p. 1) 'whilst everyone has assets, they are unevenly distributed as a result of marginalisation'.

In their defence, advocates do identify necessary and sufficient conditions for effective asset- and strengths-based approaches. For example, community assets can only have a mitigating effect on structural and social determinants when 'embedded alongside, and [be] complementary to, good existing public service provision, social support and protection' (Glasgow Centre for Population Health, 2014, p. 14; see also Foot and Hopkins, 2010). McNeish et al. (2016) emphasise that opportunities are best fulfilled if asset-based thinking is accompanied with awareness of inequalities, power and their reproduction.

It is also apparent that strong critiques of strength-based approaches do acknowledge their potential, for example in reducing social isolation and loneliness among older people (Daly and Westwood, 2018). Plausibly then, a contextual and nuanced case may be made for strengths- and asset-based activities with specific population groups. Similarly, MacLeod and Emejulu (2014) suggest that UK proponents of asset-based activity have greater concern for social justice and material inequalities compared to their American counterparts (e.g. citing Foot and Hopkins, 2010). Their call for greater focus on what makes the local and national state work better for the most marginalised is compatible with the empirical investigation reported here.

Exploring empirical evidence may provide a particularist view with approaches, for example, potentially transformational for particular groups, in particular settings, in myriad ways. Detailing such activity at the local level may further clarify and strengthen the ways in which professionals seek to ensure the local and national state work better. Three Local Area Coordinators were appointed by one Local Authority City Council in Summer 2017, each covering a ward population of approximately 10,000 people. The posts were not seen as time-limited or a pilot. The three Coordinators had professional backgrounds in adult social care, mental health and older people's housing and were all previously working within the City area in statutory and non-statutory roles. The number of LACs within the Local Authority has since expanded to eight.

To contribute towards greater scrutiny of asset-based approaches—including their claims about social capital, and how asset-based activity can advance social justice—we introduce an empirical study of LAC in one local authority. We would argue that this study is valuable given its immediate resonance to the local authorities that are currently embracing LAC, and the many dozens more considering LAC-like interventions. We acknowledge the limitations of our non-experimental design, but offer a rich practice-based account of asset-based activity that moves beyond a project and into wider services (Foot and Hopkins, 2010). We identify how LAC fared in tackling loneliness and offering some non-service and preventative solutions.

Materials and methods

We conducted a small-scale evaluation of this initiative between February 2017 and March 2019. Phases 1 and 2 of the evaluation examined the set-up and delivery of the LAC programme, including management and oversight, the mechanism of intervention and the context of implementation (to December 2018). Phase 3 examined emerging Coordinator activity, professional stakeholder perceptions and

experiences of the LAC approach, and early outcomes for individuals, families, community and system (to April 2019).

Complementary sources of evidence were combined to augment and triangulate information, thus increasing the trustworthiness and credibility of the evaluation (Guba, 1981; Tracy, 2010). These sources were documentary materials, unstructured observation and qualitative interviews. Documents collected included implementation plans, programme monitoring and performance reports, case studies produced by the Coordinators, minutes from meetings, policy papers and promotional materials. We systematically collected materials from other LAC initiatives, conducted site visits and engaged in telephone conversations with LAC programme staff elsewhere to inform understanding. Within our case study, local authority unstructured observation was undertaken at ten LAC Leadership Group Meetings (February 2017 to December 2018). We attended activities delivered within each ward focused on raising local stakeholder awareness of LAC, information sessions targeting prospective applicants and community appointment panels. Follow-up interviews with such stakeholders contributed to the sampling for Phases 1 and 3.

In total, fifty-five qualitative interviews were conducted (Table 1). Thirty-eight semi-structured interviews were undertaken either face-to-face or via telephone with professional stakeholders, including the Coordinators themselves, members of the senior LAC leadership team, representatives from statutory agencies and individuals employed by community organisations. These included individuals employed by the Local Authority and other community roles (e.g. housing, advice and community development). Although academics have traditionally argued that telephone interviewing is 'second-best' to face-to-face engagement (see Irvine, 2012), we found that it was an effective and appropriate method given that these interviews focused on professional and stakeholder interests across the three sites.

Seventeen face-to-face qualitative 'timeline' interviews were conducted with local residents who had received support from a Coordinator. These were purposively sampled across three wards to capture population diversity, levels of complexity and engagements that were more and less successful. Situated within a broader framework of graphic elicitation approaches, timelines are a visual and arts-based tool typically created via depicting a sequence of events as outlined by participants in a chronological arrangement (Sheridan *et al.*, 2011; Kolar *et al.*, 2015). The timeline interviews explored reasons for initial LAC engagement, route to engagement, support offered, support received, impact, areas for LAC improvement and imagined futures. They provided an aide-memoire for discussion, allowed interviewers to better understand how life events and LAC support fitted together, and acted as a shared endeavour to build rapport at the beginning of the interview.

Informed written consent was obtained from all participants prior to interviews commencing. Interviews were digitally recorded with participant's permission and later transcribed. While descriptive statistics were generated from the data corpus, the qualitative data collected was primarily analysed using the six-stage thematic analysis approach advocated by Braun and Clarke (2006). Themes were identified in an inductive (data-driven) manner and were firmly grounded in the research data but were informed by the expressed aims for LAC in the Local Authority documentation and LAC Network literature. In the analytical narrative below, data extracts are presented for illustrative purposes. Ethical approval for the study was obtained from the Departmental Ethics Committee at the University undertaking the study and all participants gave written or verbal informed consent.

Results

We explore how the approach allowed for some citizens to make more positive plans. We give examples of how LAC supported people to be heard, and examples of tackling poverty and social vulnerability through engagement with local and national state institutions. We also highlight what we identify as competing logics (Besharov and Smith, 2014) within many strengths- and asset-based initiatives, with on the one hand, commitment to measurable health and social outcomes at the individual and community level, and on the other, a civic mission focused on place, partnership and voice. We return to these points following a discussion of method and an overview of results.

Between August 2017 and November 2018, the total number of engagements recorded by the three LAC Coordinators was 786. Just under half (46 per cent) of all LAC engagements within this reporting period involved the provision of Level 1 support. One-third (33 per cent) of engagements entailed the delivery of Level 2 support, and 21 per cent involved Community Group assistance. While the demographic profiles of those who engaged with the initiative were not routinely recorded as part of the programme, Coordinator interview data suggest that approximately 60 per cent of the LAC caseload identified as female and that almost all of those supported were White British (approximately 98 per cent). Around ten per cent of the caseload were aged ≤ 18 years, 45 per cent were aged between eighteen and fifty-nine years and 45 per cent were aged more than sixty years. A high proportion (approximately 90 per cent) of the caseload had a long-term mental or physical health condition.

Overall, the largest source of what are known as 'introductions' to Local Area Coordinators originated from individuals and community groups themselves (19 per cent), Adult Social Care (9 per cent) and

Community Centres (7 per cent). Level 2 introductions were, however, less likely to be self-introductions, and were instead facilitated by Adult Social Care (20 per cent), Community Mental Health Teams (10 per cent), Housing Associations (9 per cent) and Health Visitors (8 per cent). For those seeking Level 2 support, the primary reasons for engagement were mental health (14 per cent), isolation (12 per cent) and housing issues (9 per cent).

Tackling isolation and loneliness

Data indicate that the Coordinators have supported individuals experiencing social isolation and loneliness in various ways, ranging from one-to-one interaction though to integrating residents into local community activities. With regards to the former, the Coordinators have visited local residents in their homes or have escorted them when running errands, thus providing social contact and companionship. Concerning the latter, the Coordinators have sought to connect those who share similar interests by facilitating attendance at local community groups or by establishing weekly 'drop in' sessions where friendships and peer-support can emerge more slowly and organically in a relaxed environment with a view to a more sustainable, community-led solution that is distinct from service provision. The success—or otherwise—of such an approach rests on these local assets, both relational and infrastructure.

> I don't call it a drop-in, I just say a meet up with friends [...] I wanted them to perform, without them knowing it, like a bit of support group for one another, so peer support (Local Area Coordinator #2).

Notably, the capacity of the Coordinator to physically accompany residents as they took steps towards alleviating their loneliness was valued by the local residents who were interviewed. For example, several reported that entering a new space with a Coordinator by their side reduced their feelings of apprehension and gave them confidence to converse with strangers. In effect, the Coordinator acted as a social safety net—a net that allowed them to expand their social connections and, in some instances, avert a downward mental health spiral. Such individuals included those who did not meet eligibility thresholds for support, and those not on the radar of existing statutory and non-statutory services.

> [The Coordinator] has worked with quite isolated individuals who need to access community activity. She's brought them to different things that are running (Professional Stakeholder #1).

> There is a lot of lonely people. I was one of them [...] I often think that if [LAC] hadn't materialised, I just don't know where I'd be. I think I'd be very, very poorly (Local Resident #11).

For those local residents who were also engaging with statutory services, the ability of the Coordinator to spend 'time' with them was perceived to be rare if not exceptional. Indeed, such services were understood by residents to be understaffed and under-resourced, meaning that their contact with agents was habitually brief and business-like. In contrast, the Coordinators did not 'clock-watch' during conversations or cease contact following a set number of interactions. They were fully present, responsive and reliable, and demonstrated a commitment to assisting isolated residents to live 'a good life' at a pace and in ways that they themselves endorsed. The emergence of a trusting relationship was contrasted to many service-related relationships that they had encountered.

> I trust [the Coordinator] implicitly. I'd tell her anything and also, her help is unconditional, it's not a case of 'you have to do this, this and this'. Whereas with them other people, it was giving me stuff to fit into boxes over a week, that I couldn't fit into boxes. This is just support like it used to be (Local Resident #3).

Building a positive vision of the future

Data suggest that for residents encountering complex and/or longstanding issues, co-constructing a positive vision of their future and a plan for achieving this could prove to be rather difficult. Many lived in the present and sought Coordinator assistance around poverty alleviation, health improvement and securing safe and stable housing. As such, at the outset of their engagement Coordinators were often involved in aiding individuals and their families to navigate social security, health and housing systems and, where requested, complete application forms.

> When you are having the good life conversation, it can come down to very basic things, just having basic needs met. So there are people who are facing homelessness, or living in extreme poverty, they are struggling with their welfare benefits, with Universal Credit, that's become a big thing. And just struggling to pay their bills and live day to day (Local Area Coordinator #1).

> [The Coordinator] suggested that I request a referral to mental health services, which I don't know why I didn't have anyway. I was seeing my GP every couple of weeks at that point (Local Resident #4).

The extensive knowledge Coordinators possessed of the local services landscape was recurrently cited by residents as being instrumental in securing the outcomes that they desired. For Coordinators, addressing an immediate challenge or crisis took priority, with the hope that such practical support would be a precursor to a more enduring relationship. The Coordinators purportedly knew which organisation(s) to approach, who

exactly would be best placed to act/answer queries and how to instigate decision-making processes and appeals. It was surmised that a positive vision of the future began with addressing what were less than positive experiences of the past and present.

> I'd say [the Coordinator is] really friendly, she knows what she's talking about, and she knows how to get things done [...] She doesn't mess about [...] She helps you to go to the right places and do things (Local Resident #7).

Several of the professionals interviewed believed that Coordinators' previous employment histories had proved to be beneficial in transitioning them into LAC activity, as they were able to draw on their existing information repositories and network to support residents and other professionals within their ward.

> She was an information source. Her knowledge of housing as well and people to contact in housing and things was really brilliant (Professional Stakeholder #2).

Data indicate that once a resident's immediate income, health and housing needs were met, the Coordinators were able to discuss medium and longer-term aspirations, and to outline available opportunities that could be harnessed. Such aspirations included 'inter alia': finding employment, rebuilding relationships, attending toddler groups, decorating, booking a holiday, going to the theatre and loaning books from the library. Participating in new or abandoned leisure and educational activities so as to break day-to-day routines also featured in the plans of residents. Some residents had actually begun executing their plan by joining local societies dedicated to history, cinema, writing, craft or gaming as an upshot of Coordinator encouragement. Others had sought to expand their skills and contribute to their local community by volunteering at a luncheon club or a food bank, in LAC vocabulary using their 'gifts, strengths and assets'. Even for those residents who were at the 'develop plan' rather than 'implement plan' stage of their journey, Coordinator support had provided them with hope and optimism about their future and to think about their strengths and assets. They had nascent/emerging life goals and a strategy for achieving them. The non-time-limited support was an important part of this relationship.

> I'd be in bed for days, like in pain and just going in and out of hospital and all that [...] it's stress that makes you like that, and it's totally crazy, how I think now what I used to be like (Local Resident #6).

Identifying non-service solutions

Linked to the above, the findings of the study suggest that the Coordinators were ideally placed to identify solutions to residents' problems without recourse to statutory services. On several occasions, they have 'caught' residents before they hit 'rock bottom'—that is, at the point where statutory agencies typically intervene, often after a waiting period. As one professional stated,

> Certainly my experience of the Coordinators is that they're able to catch the people as they're falling, before they've hit the bottom, whereas a lot of other support agencies the people have hit the bottom and been there for a while before support is available (Professional Stakeholder #5).

As an example, one of the Coordinators helped a single mother who had returned from a domestic violence refuge to find school placements for her two children. Following issues around low school attendance, the Coordinator subsequently worked with the mother to address her health and financial issues, and to facilitate her children's participation in school and recreational activities.

Data further indicate that the Coordinators have halted the need for intensive statutory intervention. For instance, an older resident received support from their Coordinator to strengthen their independent living arrangements via applying for mobility aids and carers' support, thus averting entry to residential care. A different resident had been in receipt of Community Psychiatric Nursing. When this was withdrawn their Coordinator signposted them to a community solution—a peer support group. This group has enabled them to maintain a healthy lifestyle.

Being heard

When interviewed, a number of residents spoke of the natural rapport that they had built with their Coordinator, and emphasised the patience, compassion, empathy and kindness that they had demonstrated. The readiness of the Coordinators to listen, without judgement, was also cited by residents as a key attribute of the role.

> The number of health stuff I have is very tangled and difficult, but she was just always there to listen, and she never made me feel like I was being annoying or a pain. That's a big thing with chronic illness (Local Resident #4).

In conjunction with their own willingness to listen, data confirm that the Coordinators have worked to ensure that individuals and families have a voice and are heard within the wider support landscape, as well as within complex social security and criminal justice systems. A number

of residents spoke of how invisible and powerless they had felt prior to being introduced to a Coordinator, and articulated the relief that they felt at having an 'ally' who could understand their interconnected issues and transcend organisational boundaries in times of crisis and/or trauma.

> She was there one hundred per cent. She was like my rock. That's how I can put it. She was like my rock. If it weren't for her, like I say, I would have committed suicide because [partner] had gone, I were going to lose my home, and then all these benefits had changed (Local Resident #7).

> [The Coordinator] is meant to signpost people in the right direction [...] however, I think the situation in my case was that it was something she had to follow up 'til the end. It wasn't something she was going to allow to fall through (Local Resident #1).

The ability of the Coordinator to convey an accurate and comprehensive account of their situation to other professionals was also valued by residents. This was particularly the case when Coordinators advocated on their behalf in single and multi-agency meetings and settings. For some residents, the point had been reached where they felt that statutory agencies were behaving in a hostile fashion towards them, seemingly as a consequence of them being viewed as difficult and non-compliant. Sustained LAC support and advocacy helped for smooth communication between services and service-users and in some instances ended long-standing confrontation and frustration.

Study summary

The findings of the evaluation suggest that the LAC programme has had a number of positive impacts on the lives of individuals and families residing in the City, with benefits mapped onto the expressed themes: tackling isolation and loneliness; building a positive vision of the future; identifying non-service solutions; and being heard.

LAC has a unique place within the mosaic of local authority support and strong fidelity to strengths-, asset- and place-based ideas. In reviewing the activity of LAC in three wards of one English City, we echo a number of findings from other studies (e.g. M E L Research, 2016) and have provided some evidence of the initiative's benefits, despite its submergence in the 'cold bath of austerity' (MacLeod and Emejulu, 2014, p. 431). Positively, LAC is operating as intended. It is a flexible and agile approach, and one that is less constrained by the expectations and methods associated with traditional service delivery and programme activity. The Coordinators have provided ephemeral and continuing support to individuals and families in a wide range of circumstances. Change has occurred as a direct consequence of their actions.

Moreover, there are examples of complex systems navigation and individuals having secured access to statutory benefits and services to which

they are entitled. Here we can see similarities with Roy's (2017) study of social enterprise practitioners, delivering an asset-based approach in Glasgow. These community workers viewed themselves not as tools of neoliberalism, but as agents mitigating the worst effects of poverty and social vulnerability, 'resisting (de-) constructing and utilising policy ideas and discourses' to suit their own (2017, p. 462). As reported above, Coordinators' knowledge of the local and national services landscape (health, housing, education and social security) led to individual outcomes, with these being perceived as the departure point for conversations about 'a good life' and imagined futures rather than a final destination.

Discussion

The evidence presented focuses on early outcomes achieved for individuals and families residing in three wards. Moving forward, we identify methodological, professional, systemic and contextual challenges with regards to building an evidence base, fostering support, broadening development and consolidating the LAC approach.

First, methodologically, what is measured is not solely, what matters. Due to the scale and length of the evaluation, it has not been possible to report on medium or longer-term outcomes, and we have said little on community or broader system transformations. Yet supporting community organisations and building of local assets is a stated objective of the initiative. Inevitably, most evaluations' coverage of outcomes is weak with regard to community and services/system change. Developing greater resilience and reducing dependency on service solutions are more straightforward to report at the individual level. However, the potential for system level change does exist given expressed optimism, and this will need to be captured longitudinally. These are both limitations of our own work but also endemic challenges of place-, strengths- and asset-based initiatives more broadly (Taylor *et al.*, 2017). Indeed, the evidence base that underpins such initiatives generally downplays intangible, difficult to capture and longer-term outcomes (Lunt *et al.*, 2020). This is largely due to the fact that objectives pertaining to place, partnership and voices are much less amenable to measurement and 'snapshot' evaluation design, despite being bound-up with commitment to strengths- and asset-based working that develops 'at the speed of trust' (see Richards and Davies, 2018).

Secondly, professionally, there is the challenge of defining and continuously rearticulating the distinctive contribution made by the Coordinators (Boehm and Cnaan, 2012; Broad, 2015), and the boundary skirmishes with 'serviceland'. This has proved to be challenging within our study authority, with parallels between the Coordinator role and

'patch social work' being drawn, and some low-level professional territoriality and protectionism being identifiable. It is clear that the reach of the LAC initiative could be extended if contact with less accessible residents (such as those living in sheltered accommodation) is facilitated and if harder to engage professionals (such as GPs and school inclusion teams) are convinced of the approach's merits. More positively, close collaboration emerged between Coordinators and an existing social prescribing scheme that is based within the Local Authority; however, elsewhere in England and Wales relationships with social prescribing, social enterprise support and care navigation are less straightforward, notably where services cut across health and community service settings. The Coordinators operate within and across a landscape of underfunded and strained statutory and voluntary services. When resources are scarce, new faces naturally trigger suspicion. Overcoming such suspicion is, and will continue to be, an important enterprise locally, and one that requires the Coordinators to have a clear and easily comprehensible explanation of their role and remit and that it is not simply a reworking of case management, navigation or advocacy.

A third, systemic, consideration is that of managing residents' expectations of LAC and preventing undue dependency on the Coordinators. As Level 2 caseloads consolidate and there is growing awareness of the role, questions pertaining to case turnover are likely to become increasingly pressing. Characteristics that make LAC innovative and novel (e.g. lack of formal eligibility, support not being time limited) may face dilution within a context of resource constraints and demands for short-term gains (Fiedli, 2013). Added to this, wider system changes and the shift from crisis to prevention presents the risk that initiatives such as LAC will be perceived as a panacea for social care strain (Daly and Westwood, 2018). Whilst Coordinators seem to 'personalise' a system and tackle problems and individual injustices, wider transformation will involve attention to both harvesting and harnessing individual and community assets, alongside structural and cultural shifts in a range of community and service settings. This vision of social justice will require service reconfiguration and investment in services to address prevailing inequalities and fundamental issues of exclusion (Foot and Hopkins, 2010; McNeish *et al.*, 2016).

Fourthly, there are new COVID-19 realities and the contribution of LAC to multi-level recovery, renewal and rebuilding efforts. Given its focus on 'walking alongside' individuals, families and communities, the necessity to alleviate pressures in the post-COVID-19 context will undoubtedly generate opportunities for LAC. Certainly, it has been argued that the principles and approaches underpinning LAC were ideally suited to COVID-19 lockdown, with relationships and support mechanisms being swiftly constructed by individuals, community groups and local service infrastructure to plug gaps in support provision (LACN,

Table 1. Overview of sample and type of data collected.

	Respondent	F2F or telephone
Phases 1 and 2	Local Area Coordinators ($n = 3$)	F2F
	Programme Strategy Management ($n = 3$)	F2F
	Community organisations/professional stakeholders ($n = 18$)	Telephone
	Local Area Coordinators ($n = 3$) (re-interviewed)	
Phase 3	Those supported by LAC ($n = 17$)	F2F
	Community Stakeholders ($n = 8$)	Telephone
	Local Area Coordinators ($n = 3$) (re-interviewed)	F2F

2020). Nevertheless, in the context of COVID-19 recovery and rebuilding, the challenges facing strength- and place-based initiatives such as LAC are even more apparent. These include the spectre of rising poverty, increased unemployment and pressures on primary and community health services as result of isolation and mental health, and the loss of family members and loved ones experienced by residents in the pandemic. How service systems are reoriented to meet such demands may add further pressure to the context within which LAC operates. COVID-19 may decimate the community interests and energy upon which so much rests for LAC: tighter resources, community frustrations, increased competition and consolidation of the divide between the 'vulnerable' and the 'valuable' may all shape LAC success (LACN, 2020).

Conclusion

LAC is, we suggest, part of the creation of a more preventative, universal 'offer' for those with, or without, social care needs. LAC may present individuals with greater opportunity to remain healthy and independent. It provides evidence of countering loneliness and promise of building social capital—for some groups and in particular settings. Expansion of LAC to include diverse wards and populations will allow us to understand what works best for whom and why and how local assets and strengths are mobilised in these diverse settings. It is an example of a local and small-scale transformative development for individuals and families, as well as a reminder of the ongoing challenge of sustaining and scaling innovation, a message with international resonance.

Future research must detail progress not only at the individual level (satisfaction, distance travelled and emerging outcomes), but also at the community level and, where possible, speak to health and social care integration. Given community impact could take between five to ten years to mature there will necessarily be a longitudinal dimension. Alongside the preventative and well-being-focused agenda, research must also

acknowledge LAC's civic mission focused on place, partnership and voice. Such evidence-based outcomes and value-driven processes may be less straightforward bedfellows than we may wish. It is such evidence that will advance debates locally, nationally and indeed internationally, concerning the values and shape of asset-, place- and strengths-based approaches, their implementation and measurement.

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